



Inspection Services Division
Department of Community Planning and Development
City of Rockville
111 Maryland Avenue, Rockville, Maryland 20850
240-314-8240 • fax 240-314-8265

APPLICATION FOR MECHANICAL PERMIT

Property Address _____

Mechanical Contractors Name _____

Address _____ HVACR License # _____

Owner Name _____ Home Phone _____

Owner's Address if different _____

Heating # _____ @ _____ BTU Cooling # _____ @ _____ BTU

Rooftop # _____ @ _____ BTU Split Units # _____ @ _____ BTU

Diffusers/Ducts/Grille # _____ VAV # _____

Wood Stove Inserts # _____ Prefab Fireplaces # _____

Chimney Liner # _____

Master's Signature _____

All Gas Work MUST be performed by a Master Plumber or Gasfitter Only

Master's Name _____

Address _____

Master Plumber or Gasfitter License # _____

Furnace ☐ new ☐ replaced # _____ Rooftop Unit ☐ new ☐ replaced # _____

Conversion of Gas # _____ Gas Log # _____

Appliances ☐ new ☐ replaced # _____ (must be accompanied by manufactures test literature)

(type _____)

Master's Signature _____